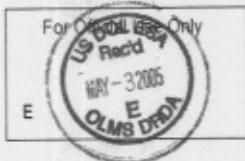


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2090-024-258</u>	2. Fiscal Year Covered From: <u>01 / 01 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>PETER WARD</u> P.O. Box, Bldg., Room No., if any <u>707 Eighth Avenue</u> Street City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>	4. Name, file number, and address of labor organization. Name <u>N.Y. Hotel & Motel Trades Council,</u> <u>AFL-CIO</u> Labor Organization File Number <u>024-258</u> P.O. Box, Building and Room Number, if any <u>707 Eighth Avenue</u> Street City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>President/CEO</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Peter Ward
PETER WARD, President

On 4/26/05

Date

(212) 245-8100

Telephone Number

Name of Person Filing

File Number U-2090

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PRYOR CASHMAN SHERMAN & FLYNN, LLP

Trade Name, if any: PRYOR CASHMAN

P.O. Box, Bldg., Room No., if any

Street 410 Park Avenue

City New York

State New York ZIP Code + 4 10022

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N.Y. Hotel Trades Council & Hotel Association of NYC, Inc.

Trade Name, if any: Hotel Industry Employee Benefit Funds

P.O. Box, Bldg., Room No., if any

Street 305 W 44th Street

City New York

State New York ZIP Code + 4 10036

11.a. Nature of such dealing.

See Attachment

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

See Attachment

12.b. Amount. See Attachment

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

ATTACHMENT

11.a. Nature of Such Dealing

I. New York Hotel & Motel Trades Council, AFL-CIO ("Union")

Pryor Cashman is the Union's outside general counsel, labor relations counsel and government relations counsel. Vincent F. Pitta, Esq., who is a partner of Pryor Cashman, is the brother of my spouse, Debra Ward.

II. New York Hotel Trades Council and Hotel Association of New York City, Inc. Hotel Industry Employee Benefit Funds ("Funds")

Pryor Cashman is the Union-designated co-counsel to the Board of Trustees of the Funds. I am a member of the Funds' Board of Trustees. Vincent F. Pitta, Esq., who is a partner of Pryor Cashman, is the brother of my spouse, Debra Ward.

11.b. Appropriate Dollar Value Of Such Dealing

I. New York Hotel & Motel Trades Council, AFL-CIO ("Union")

In connection with all legal and governmental matters in which the Union was represented by Pryor Cashman, the law firm was paid a total of (\$1,005,444.00) in 2004 by the Union.

II. New York Hotel Trades Council and Hotel Association of New York City, Inc. Hotel Industry Employee Benefit Funds ("Funds")

In connection with all legal matters in which the Funds were represented by Pryor Cashman, the law firm was paid a total of (\$ 1,158,575.80) in 2004 by the Funds.

12.a. Nature Of Interest Held Or Income Received

In 2004, Vincent F. Pitta, Esq. and his wife Antoinette Pitta made gifts to each of my daughters (their nieces) Tina Ward (20 years old) and Nicole Ward (17 years old) in the amounts set forth below.

12.b. Amount

Ten Thousand (\$10,000.00) dollars gift to Tina Ward
Ten Thousand (\$10,000.00) dollars gift to Nicole Ward